



Basic and Supplemental
Term Life



Administration Manual

State of Washington
Payroll/Personnel/Benefits Offices

ING 
EMPLOYEE BENEFITS



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Welcome

Welcome to ING Employee Benefits! This manual is designed as a reference tool for State of Washington Payroll/Personnel/Benefits Offices to address questions you may have about the administration of your employee benefits plan. If you do not find the answers you need in this manual or if you prefer to talk to an ING Employee Benefits associate, please call your Account Manager identified in the Quick Plan Reference. We look forward to serving the benefit needs of you and your employees.

About ING Employee Benefits

The term life insurance policy is issued by ReliaStar Life Insurance Company, Minneapolis, Minnesota. The insurance company and its parent, ING North America Insurance Corporation, are subsidiaries of Amsterdam-based ING Groep N.V. (NYSE: ING).

Quick Plan Reference

Group Name:	Washington State Health Care Authority
Your Group Benefit Plan Number is: <i>(please use it on all correspondence and when requested on forms)</i>	12373-1
Your Account Number is:	20 -- State agencies, two year colleges, The Evergreen State College 30 -- participating K-12 agencies 40 -- political sub-divisions/employer groups 200 -- University of Washington 300 -- Washington State University 400 -- Western Washington University 500 -- Central Washington University 600 -- Eastern Washington University 12 -- Washington State Patrol (those from Standard Insurance Company's old policy) -- the amount is frozen

(please use it on all correspondence and when requested on forms)

Your Group Anniversary Date is: January 1

Contact us at the following address or phone number with your administration and billing questions: <ul style="list-style-type: none"> • General policy and coverage questions • Service type requests 	Dusty Tittle-Koenig, Account Manager (local) ING Employee Benefits Regional Office -- Seattle ☎ 206-676-6106 📠 FAX 206-264-8197 💻 Email: dusty.tittle@us.ing.com
Contact our Customer Service Representatives at the following address or phone number with your enrollment administration questions: <ul style="list-style-type: none"> • Enrollment and Evidence of Insurability forms • Conversion Requests • Change of Beneficiary Requests • Claim Requests For any further assistance with these requests, you can contact:	ReliaStar Life Insurance Company P.O. Box 20, Route 7325 Minneapolis, MN 55440-0020 ☎ 866-689-6990 📠 FAX 612-372-5791 Barb Opitz, Account Manager ING Employee Benefits -- Group Customer Service ☎ 612-342-3037 📠 FAX 612-372-5791 💻 Email: barb.opitz@us.ing.com

Quick Plan Reference cont.

<p>Contact the Training Department at the Health Care Authority at the following address or phone number with your questions regarding keying or computer system problems:</p>	<p>Monica Hines: 360-412-4236 Mhin107@hca.wa.gov Larry Cade: 360-412-4214 Lcad107@hca.wa.gov Glenda Fairchild: 360-412-4229 Gfai107@hca.wa.gov Sandy Sorby: 360-412-4228 Ssor107@hca.wa.gov Neysa Caywood: 360-412-4241 Ncay107@hca.wa.gov Beverley Thomas: 360-412-4239 Btho107@hca.wa.gov</p> <p>Washington State Health Care Authority 676 Woodland Square Loop SE P. O. Box 42684 Olympia, WA 98504-2684 360-412-4200 TOLL FREE 1-800-700-1555 FAX 360-923-2608</p>
<p>Contact the Health Care Authority regarding system updates to the life coverage from the Final Action Notices:</p>	<p>Carolyn Hennigan: 360-412-4231 Chen107@hca.wa.gov</p>
<p>To file a claim or discuss claim procedures:</p>	<p>ING Employee Benefits Life Claims PO Box 1548 Minneapolis, MN 55440 ☎ 1-888-238-4840</p>

Ordering Supplies

You may go on-line to the HCA website at www.perspay.hca.wa.gov to order supplies, or fax your request to 360-664-2998, or you may call your Account Manager listed in the Quick Plan Reference section of this manual, if you have questions.

Supplies you may need to request:

Term Life & Accidental Death & Dismemberment Insurance Program booklet (Certificate of Coverage)	HCA 50-126
Conversion of Your PEBB Group Life Policy Form	HCA 50-540
Request for Change of Beneficiary	114834 *
PEBB Life Insurance Enrollment/Change Form	HCA 50-402 ***
PEBB Life Insurance Evidence of Insurability Form	HCA 50-645 ***
Domestic Partnership -- Marriage/Same-Sex Domestic Partner Enrollment & Tax Forms & Instructions	HCA 50-704
Life Insurance Non-Smoker Certification Form	HCA 50-504
Absolute Assignment of Group Life Insurance	114865 *
Death Claim	115446 *
Benefit Settlement Options List	124886 *
Settlement Options Brochure	124941 *
Accelerated Benefit Claim	121583 *
Accelerated Benefit Disclosure Statement	47404(WA12) *
Attending Physician's Statement of Terminal Condition	121489 *
Authorization for Release of Health-Related Information	127182 *
Consumer Privacy Notice	116249 *
Accidental Dismemberment Claim	116486 *
Attending Physician's Statement of Dismemberment	116150 *
Authorization for Release of Health-Related Information	127182 *
Consumer Privacy Notice	116249 *
Waiver of Premium Disability Claim	115591 *
Attending Physician's Statement of Disability	115754 *
Authorization for Release of Health-Related Information	127182 *
Consumer Privacy Notice	116249 *
ING Employee Benefits Return Envelopes	115727 **

A Waiver of Life Insurance Premium Claim packet is available through HCA on the HCA website, www.pebb.hca.wa.gov/orderform.shtml, which includes the Waiver of Premium Disability Claim form, the Attending Physician's Statement of Disability form, and the Life Insurance Certificate of Coverage, HCA 50-126.

* indicates that a pdf version of this form is available.

** ING Employee Benefits envelopes are available through the HCA warehouse via the Fax Order Form HCA 41-146a.

*** also available in the back of the Term Life & Accidental Death & Dismemberment Program booklet, HCA 50-126.

Enrollment

Enrollment Period

Employees have 60 days from the date they become eligible to apply for benefits to complete an HCA 50-402 form, PEBB Life Insurance Enrollment Change Form, and an HCA 50-645 form, PEBB Life Insurance Evidence of Insurability Form, if applicable. An employee is eligible to apply for coverage on the date he or she is hired into an insurance-eligible position. For example, an employee hired on February 8, 2002 is eligible to apply for insurance coverage on February 8, 2002. The 60-day enrollment period would begin on February 8, 2002. The enrollment form must be completed and signed within the first 60 days of eligibility is required to qualify for certain parts of coverage without underwriting, such as Part B Basic Spouse, up to the initial \$25,000 in Part B Supplemental Spouse, Optional Part C, and up to the initial \$50,000 in Part D Supplemental.

Enrollment forms that involve guaranteed issue coverage *only* do not require evidence of insurability when applied for within the initial 60 days of eligibility.

Eligible employees must be actively at work as defined in the Life Insurance Certificate of Coverage, HCA 50-126.

Enrollment Process

Follow these steps to enroll the employee:

1. Issue a new employee packet to any insurance-eligible employee right away. The new employee packet includes the Term Life & Accidental Death & Dismemberment Insurance Program booklet (Certificate of Coverage), HCA 50-126, the Life Insurance Enrollment/Change Form, HCA 50-402, and the Life Insurance Evidence of Insurability Form, HCA 50-645.
2. Have the employee complete the Life Insurance Enrollment/Change Form and return it to you. If no coverage is requested, the employee still needs to complete the Life Insurance Enrollment/Change Form to designate a beneficiary.
3. Review the enrollment form for accuracy and completeness. Make sure that a beneficiary has been designated and that the form has been signed and dated. The employee should refer to examples on the back of the form. **Agencies must complete ALL shaded areas, such as Section 2A, "Current Coverage".**
4. Review the enrollment form to determine if underwriting by the insurance company is required.
5. If underwriting is required, request the applicant complete an Evidence of Insurability (EOI) form, HCA 50-645.

Underwriting is required under the following conditions:


- i. If enrolling in Part B Basic Spouse/Same Sex Domestic Partner past the initial 60 days of eligibility or past 60 days from the date of marriage.

Enrollment cont.

- ii. If enrolling in Part B Supplemental Spouse within the initial 60 days of eligibility or within 60 days of the marriage date, any amount in excess of the initial \$25,000 guaranteed issue amount requires approval, or if enrolling after the initial 60 days of eligibility or more than 60 days after the marriage date, any amount requires approval.
- iii. If enrolling in Part C after the initial 60 days of eligibility or when electing the automatic increase after the initial 60 days of eligibility.
- iv. If enrolling in Part D Supplemental within the initial 60 days of eligibility, any amount in excess of the initial \$50,000 guaranteed issue amount requires approval, or if enrolling after the initial 60 days of eligibility, any amount requires approval.

* NOTE: Part B Basic Children Life and Part E Optional Accidental Death and Dismemberment coverage never require approval.

6. If underwriting is required, forward a copy of the properly completed Life Insurance Enrollment/Change Form and Evidence of Insurability Form, if provided by employee, to ING Employee Benefits for underwriting. The employee may send the Evidence of Insurability Form directly to:

 ING Employee Benefits
P O Box 20
Route 7325
Minneapolis MN 55440

Retain the original enrollment form in your files. The employee may elect to send the Evidence of Insurability (EOI) Form (HCA 50-645A) directly to ING Employee Benefits.

7. State Agencies and employer groups who do their own keying will need to key the life insurance coverage into the computer system on the Life Coverage screen, which will begin the appropriate payroll deductions. Higher Education Institutions will need to key the coverage on their payroll screens to begin the appropriate deductions.
8. When both husband and wife are covered employees, or when both qualified domestic partners are covered employees, and one employee terminates state service, any in-force Part B Supplemental Spouse Life coverage may be transferred without evidence of good health to the remaining insured employee's Part C and Part D life coverage. The combined Supplemental Spouse coverage may not exceed 50% of the employee's total Part C and D coverage. Likewise, any in-force Part C and Part D coverage may be transferred without evidence of good health to the remaining insured employee's Part B Supplemental Spouse Life coverage, up to the maximum allowed under these coverages. In the event the remaining insured employee did not elect Part B Basic Spouse Life coverage (\$2,500), this coverage can also be transferred without evidence of good health as long as the amount the terminating employee is giving up (due to the 50% rule) is greater than the \$2,500. Only the amount of terminated life coverage may be converted within 31 days of the termination date. Also, if the employees divorce or a Same Sex Domestic Partner (SSDP) partnership is dissolved, both employees may transfer the Part B Supplemental Spouse Life coverage from their spouse/SSDP's account to their own Part C or Part D up to the eligible maximum limits. Any transfer of coverage under this provision must be immediate and without lapse in coverage. The form must be sent to HCA for approval and processing.

Enrollment cont.

Example of Guaranteed Issue Transfer:

The terminating employee has 26k Part C, 166k Part D, and 44k B Supplemental.

The still employed employee has 36k Part C, 150k Part D, and 25k B Supplemental.

The terminating employee's B Supplemental (44k) is transferred to the active employee's Part D, which will total 194k. Part C (36k) & Part D (194k) now total 230k.

The eligible amount of the terminating employee's Part C & Part D that can be transferred to the active employee's B Supplemental is 90k, which will total 115k (25k + 90k), which is half of the employee's Part C & Part D.

Part B Supplemental cannot exceed half of the total of the employee's Part C and Part D combined.

Note: State agencies and employer groups key the pending coverages that need to be underwritten on the Life Coverage screen. If the employee applies for more than the \$25,000 Part B Supplemental Spouse Life or more than the \$50,000 Part D Supplemental guaranteed issue amounts, **the guaranteed issue coverage needs to be keyed first and wait for it to move to current coverage before keying the additional amounts.** Contact the Health Care Authority if you have questions.

Note: For employees being underwritten, **do not begin payroll deductions** for any coverage which requires approval until receiving a Final Action Notice (FAN) from the insurance company indicating approval of coverage. Also, verify that Health Care Authority (HCA) has keyed the approved coverage. Higher Education Institutions, including the community colleges, key their own coverage. If HCA has not keyed the approval, denial, or closure within two weeks from the date you receive the FAN from the insurance company, contact HCA to determine whether or not HCA has received a copy of the FAN. A Final Action Notice (FAN) is the document that is sent out by ING Employee Benefits' Special Underwriting Department to indicate the status of an application for coverage: approved, denied, or closed.

Effective Dates

Employer-provided (employer pays 100% cost of coverage): Coverage usually becomes effective on the first day of the month following the date of eligibility. See "Effective Dates" in the Life Insurance Certificate of Coverage for further details.

Employee-paid (employee pays all the cost of coverage):

- A. If requested within 60 days from the eligibility date, coverage becomes effective the first of the month following the signature date on the enrollment form, unless it is coverage which requires approval, such as any amount over the guaranteed amount of \$50,000 in Part D Supplemental.
- B. If underwriting is required and coverage is approved, the effective date for the approved coverage will be the first of the month following the actual approval date on the Final Action Notice received from the insurance company approving the coverage. The Health Care Authority (HCA) will key these actions, except for the higher education institutions, which includes community colleges.
- C. If you enroll in Part B Basic Children Life or Part E Optional AD&D after 60 days from the eligibility date, the coverage becomes effective the first of the month following the signature date on the enrollment form, without approval.

Enrollment -- Dependents

Evidence of Insurability (also known as underwriting)

Refer to the Evidence of Insurability section on page 13 of this manual to determine if enrollment of the dependent coverage will require underwriting by the insurance company.

Same-Sex Domestic Partner Coverage

The same levels of coverage and underwriting requirements apply to a qualified same-sex domestic partner (and their children) of the employee as apply to a spouse of an employee. Coverage for same-sex domestic partners is subject to qualification through the declaration certificate. Refer to Adding a Spouse/Same-Sex Domestic Partner to Your PEBB Coverage form #HCA 50-704 for details.

The employee and spouse/same-sex domestic partner must complete a Declaration of Marriage/Same-Sex Domestic Partnership form, which will be filed along with the employee's enrollment form. If the employee and same-sex domestic partner have already completed this form for the medical insurance, a separate form will not be required for the life insurance. A copy of this form will be required along with enrollment information whenever a death claim on the dependent spouse/same-sex domestic partner is submitted.

Enrolling a Spouse/Same-Sex Domestic Partner Without Evidence of Insurability

If the employee requests spouse/same-sex domestic partner coverage when the employee enrolls in the plan within the 60 day eligibility period, no underwriting is necessary for the dependent coverage, unless the employee requests more than the \$25,000 Part B Supplemental Spouse guaranteed issue amount. The employee indicates election of the dependent coverage on the enrollment form. The employee must complete all boxes in Section 2B, "Desired Coverage" on the enrollment form. If the employee doesn't want a particular coverage, such as Part C, Employee Optional, the employee should mark the "no" box in Section 2B, "Desired Coverage".

Note: The request for spouse/same-sex domestic partner coverage in Part B Supplemental Spouse cannot exceed 50% of the amount of coverage that the employee has in Part C and Part D combined, rounded to the next higher \$1,000. For example, if the employee has \$99,000 in Part C and Part D, combined, the amount of coverage requested in Part B Supplemental Spouse cannot exceed \$50,000.

If a covered employee wants to add dependent coverage within 60 days of a qualifying event (marriage, newly qualified same-sex domestic partnership or dependent of the qualified same-sex domestic partner, birth, adoption), no underwriting is required for the new dependent(s). Part B Basic Dependent Life Children never requires approval. Form HCA 50-704, Adding a Spouse/Same-Sex Domestic Partner to Your PEBB Coverage, is for employees requesting to add a spouse or qualified same-sex domestic partner to PEBB coverage.

Follow these steps to add dependent coverage:

1. The employee completes Section 2B, Desired Coverage, of the Life Insurance Enrollment/Change Form. The employee signs and dates the form (Section 4 of the Life Insurance Enrollment/Change Form, HCA 50-402).

Enrollment – Dependents cont.

2. Review the form(s) for accuracy and completeness.
3. Provide the employee with a photocopy of the form. Attach the original to the employee's benefit enrollment form in your file, if any.
4. Enroll coverage on the Life Coverage screen, or for Higher Education institutions, on your payroll system.
5. If necessary, make the appropriate change in payroll deductions.

For Underwritten Spouse/Same-Sex Domestic Partner Coverage

After receiving a Final Action Notice (FAN) from the insurance company indicating approval of coverage for the dependent(s), file the FAN with the employee's enrollment form or permanent records. For state agencies and employer groups, if the HCA hasn't keyed the coverage within thirty days from the time you receive the carrier's decision, contact HCA to check on the status. Then file the Final Action Notice with the Life Insurance Enrollment/Change Form. HCA will key the approved coverage effective the first of the month following the Final Action Date on the Final Action Notice. Higher Education institutions need to take the appropriate action to enter the coverage on their payroll system and collect the appropriate premium.

Terminating Dependent Benefits

If the employee wishes to cancel dependent benefits, follow steps 1 and 2 above. The employee needs to complete a new Life Insurance Enrollment/Change Form indicating the coverage to be continued and the coverage to be terminated. The state agency or employer group needs to key the change on the Life Coverage screen effective the last day of the month in which the employee signed the Life Insurance Enrollment/Change Form. Higher Education institutions need to update their system, in addition to the Life Coverage screen. File the form in the employee's file.

The Following Special Requirement May Apply to Term Life:

Part B Supplemental Spouse coverage may not exceed 50% of the employee coverage in Part C and D combined (rounded to the next higher \$1,000 if not a multiple of \$1,000). Refer to the Life Insurance Certificate of Coverage for the specifics of the plan or contact your Account Manager listed in the Quick Plan Reference section of this manual.

Dependents eligible to apply for coverage under Part B and Part E include:

1. The employee's lawful spouse or same-sex domestic partner (qualified through the declaration certificate). References to "spouse" in the Life Insurance booklet include qualified same-sex domestic partners.
2. Unmarried children 14 days or over, but under 24 years of age, who are dependent upon the employee for maintenance and support, including adopted children from the time the child is physically placed with you and you assume financial responsibility for the child's medical expenses; step-children; children of the employee's qualified same-sex domestic partner; and HCA-approved extended dependents. Extended dependents must be dependent upon you within the meaning of the Internal Revenue Code and under age 21 at the time of application for coverage. You must apply directly to the HCA to obtain approval for extended dependents.

Evidence of Insurability

Situations Requiring Evidence of Insurability

If the application falls into one of the situations listed below, an Evidence of Insurability (EOI) form must be submitted with the enrollment form. Coverage can only be made effective if approved by the insurance company.

- Application for employee and/or dependent coverage is signed more than 60 days after becoming eligible, or reinstatement is desired after coverage has been terminated. Part B Basic Dependent Life Children and Part E does not require approval.
- Applicant applies for more employee or spouse/same-sex domestic partner coverage than the plan's Guaranteed Issue life coverage amount.
- Applicant wishes to increase the amount of employee or spouse/same-sex domestic partner coverage currently in force.
- If the employee was previously on LWOP (leave without pay) and did not self-pay for his/her coverage.
- An employee is re-hired and coverage was converted when employment was previously terminated.

If coverage needs to be underwritten, payroll deduction for this coverage **should not begin** until a Final Action Notice has been received indicating approval of the coverage, and keyed by the HCA. Any coverage that requires approval should be pended by the agency; however, Higher Education institutions do not key the life coverage onto the Life Coverage screen.

Evidence of Insurability Form

The Evidence of Insurability form is included in the Life Insurance Certificate of Coverage or separately available through the HCA Warehouse or on the PEBB website: www.perspay.hca.wa.gov

Instruct the employee to do **one** of the following with the completed EOI form:

- Send the completed EOI form directly to ING Employee Benefits, or see page 18 for ING Employee Benefits' address.
- Return the completed EOI form to his/her payroll/personnel/benefits office.

The employee should keep a copy of the completed EOI form for his/her records.

If you have questions regarding the EOI form, contact your Account Manager listed in the Quick Plan Reference Section of this manual.

IMPORTANT!!

- The amount to be underwritten is the dollar amount of coverage for which the applicant must show proof of good health (i.e. be medically underwritten for). The amount to be underwritten does **not** include coverage that can be issued **Guaranteed Issue** and does **not** include coverage already in force or already approved.
- The employer must verify and fill in the appropriate amounts in Section 2A under "Current Coverage". The employer must determine whether EOI is necessary.
- The "Current Coverage" is the dollar amount of coverage that the applicant already has in force and/or can be issued without medical underwriting (Guaranteed Issue coverage).
- The "Desired Coverage" is the **total** amount of coverage the applicant is requesting. Refer to desired coverage amount.
- The amounts stated on the enrollment form in Section 2B must always be a dollar amount, never a multiple of the employee's salary.
- Each form supercedes all prior enrollment forms.
- It is important that the amounts indicated on the enrollment form are correct in order to prevent the requesting of unnecessary underwriting requirements such as exams, blood profiles, EKG's, etc.

Evidence of Insurability forms are mailed to:



**ING Employee Benefits
P O Box 20
Route 7325
Minneapolis MN 55440**

Evidence of Insurability cont.

The Underwriting Process

ING Employee Benefits' Special Underwriting Department may take action based only on the information found on the EOI form or may do the following:

- Request an applicant's medical records directly from the applicant's physician or other health care provider.
- Write directly to the applicant requesting additional information.
- Request a physical examination and/or urinalysis, blood profile, EKG, etc.

The applicant is notified of additional underwriting requirements.

Final action will be determined, provided the EOI is complete and accurate, and no additional requirements are necessary. Depending on the amount of coverage applied for, complexity of the applicant's medical history, and/or delays over which ING Employee Benefits has no control, processing time may vary.

The **Final Action Notice (FAN)** is the document prepared by ING Employee Benefits showing approval, denial, or closure of the coverage.

- A FAN will be sent to the employee's Agency.
- A FAN will also be sent to the employee.
- A FAN will also be sent to the Health Care Authority (HCA).
- Due to confidentiality issues, if an employee is declined for coverage or their file is being closed because medical underwriting requirements were not completed, a FAN will always be sent to the employee indicating the reason(s) for the decline or closeout action. A FAN will also be sent to the plan correspondents (HCA and the Agency), but the reason(s) for decline or closeout for this employee will not be indicated on the FAN.
- **If the employee is declined or his/her file is closed out (because underwriting requirements were not completed), coverage cannot be made effective.**

Evidence of Insurability cont.

Closed Files

Each applicant's file is assigned a closeout date when the file will be closed if underwriting requirements are not received. The file will be closed if the requested information is not received. Coverage in a closed file cannot be made effective unless a "*Change of Action*" Final Action Notice is received at a later date.

If the necessary underwriting requirements are received after the file has been closed, based on the situation, one of the following will occur:

- An underwriting decision will be made at that time.
- The file will be re-opened and additional underwriting requirements will be ordered.
- If there has been a significant time delay, a new Life Insurance Enrollment/Change Form and Evidence of Insurability Form will be requested.

For questions or problems related to specific underwriting cases, you may call (612) 342-7262 or (800) 955-7736, ext. 7262.

If you wish to see an activity report regarding employees in your plan currently being underwritten, please contact your local Account Manager listed in the Quick Plan Reference section of this manual.

Certificate Booklets

The Life Insurance Certificate of Coverage booklet is the insured's written record of coverage. The employer will distribute certificates to the insureds. Please refer to the certificate booklet for plan design and coverage details.

Supply of Certificate Booklets

Certificates are available through the HCA Warehouse.

Distributing Certificate Booklets

The booklets you will be distributing are 'No Name/No Effective Date' certificate booklets. This means that it is not necessary to identify the insured's name and the effective date of coverage inside the certificate booklet.

If there are riders indicating changes to the coverage or additional provisions for specific classes of employees, attach the appropriate rider to the certificate booklet prior to distribution. HCA or ING Employee Benefits will provide them to you so that you may attach the appropriate rider to the certificate booklet.

Additional Stickers and/or Notices

You may receive supplies of stickers and/or notices that are applicable to residents of certain states. Stickers must be attached to the front of each certificate booklet and the notices must be distributed along with each certificate booklet to residents of those states.

Coverage Cancellation by Insured

The insured may request cancellation or reduction of optional Life Coverage at any time.

Processing a Request for Cancellation

1. The insured or assignee (if applicable) completes a new Life Insurance Enrollment/Change Form HCA 50-402. The form must be dated and signed. *See Assignment section on page 24.*
2. State agencies and employer groups should key the canceled/reduced coverage on the Life Coverage screen effective the end of the month in which the form was signed and dated. This will stop the payroll deduction for the canceled coverage or reduce the payroll deduction for the reduced coverage. Higher Education institutions need to take the appropriate action to stop or reduce the coverage on their system.
3. The employer should keep the original Enrollment Form in the employee's file and give a copy to the insured/assignee (see page 34).
4. The employer should make any premium adjustments necessary. Refunds cannot exceed 12 months.

If you have questions, call or e-mail the Training Department at the Health Care Authority:

Monica Hines: 360-412-4236
Larry Cade: 360-412-4214
Glenda Fairchild: 360-412-4229
Sandy Sorby: 360-412-4228
Neysa Caywood: 360-412-4241
Beverley Thomas: 360-412-4239

The e-mail addresses are listed on page 5 under the Quick Plan Reference.

You can also contact the Health Care Authority via the website: www.pebb.hca.wa.gov

Changes

Name Change

There are several reasons for name changes, such as:

- Marriage
- Divorce
- Court Order
- Name entered on the form originally was incorrect

Requirements when processing a name change:

1. The insured completes a Life Insurance Enrollment/Change Form, HCA 50-402. The form must be dated and signed. The agency may request a court order. Indicate "name change only" at the top of the enrollment form.
2. Attach it to the insured's most recent life enrollment form.
3. If a new Life Insurance Enrollment/Change Form HCA 50-402, is completed indicating "name change only", it does not supercede the prior enrollment form.

Change of Address

Follow these steps when processing a change of address:

1. The completion of a new Life Insurance Enrollment/Change Form, HCA 50-402, is optional, and if completed, should be clearly marked "address change only" at the top of the enrollment form.
2. The employer should attach the Life Insurance Enrollment/Change Form to the insured's most recent life enrollment form.
3. If a new Life Insurance Enrollment/Change Form, HCA 50-402, is completed indicating "address change only", it does not supercede the prior enrollment form.

If you have questions, call the Training Department at the Health Care Authority.

Monica Hines: 360-412-4236
Larry Cade: 360-412-4214
Glenda Fairchild: 360-412-4229
Sandy Sorby: 360-412-4228
Neysa Caywood: 360-412-4241
Beverley Thomas: 360-412-4239

Changes cont.

Non-Tobacco User

A Nonsmoker Certification form is available to request a change from smoker to non-smoker rates. This form, HCA 50-504, must be used to amend the original enrollment form or application. This change does not require underwriting. **The nonsmoker rate should become effective the first of the month following the signature date on the Nonsmoker Certification form.** New employees or employees who are changing their coverage need to complete the Nonsmoker Certification form, which is Section 5 of the Life Insurance Enrollment/Change Form. If the employee is already insured and only wants to change his/her smoker status, the employee needs to complete the Nonsmoker Certification form, HCA 50-504. The agency needs to key "N" for nonsmoker on the Life Coverage screen. **The effective date should be the first of the month following the signature date on the form.**

Follow these steps to make this change:

1. Give the employee the Life Insurance Nonsmoker Certification form, HCA 50-504 to be completed, dated and signed.
2. To qualify for the nonsmoker's discount, the employee and his/her spouse (if he or she is covered under Part B Basic or Spouse's Supplemental) must not have smoked cigarettes, cigars, or pipes or used chewing tobacco or nicotine gum within the past 12 months.
3. The employer should attach the form to the insured's most recent life enrollment form.
4. The employer should key the nonsmoker indicator on the Life Coverage screen **effective the first of the month following the signature date on the Nonsmoker Certification.**
5. Make any necessary premium adjustments.

If you have questions, call the Health Care Authority as listed in the Quick Plan Reference section of this manual.

Beneficiaries

A beneficiary is the individual or entity designated to receive proceeds from the life coverage upon the insured's death.

The insured designates a beneficiary(ies) when completing the initial enrollment form for coverage. If there is not enough room on the enrollment form to list all beneficiaries, additional beneficiaries can be named on a separate piece of paper. The insured should list his/her own full name, date of birth, social security number, and group plan number on the sheet of paper, sign and date it, and attach it to the enrollment form.

Beneficiary designations should be kept up to date and reviewed when changes in status occur, such as:

- Marriage
- Name change
- Qualified same-sex domestic partnership
- Birth or adoption of a child
- Divorce
- Dissolution of same-sex domestic partnership
- Death in the family

Beneficiary Designations Not Allowed

- ⇒ The plan/policyholder cannot be named as beneficiary.
- ⇒ An organization or endowment should not be named as beneficiary unless it is certain that such an organization or endowment is a legal entity (i.e. it has a recognized legal existence such as a corporation, trust, or partnership).

Dependent Life Standard Designation

- ⇒ The beneficiary for dependent coverage is always the insured, if living, to whose policy/certificate the dependent coverage is attached. This beneficiary cannot be changed.

Other Beneficiary Designations

- Trust
If a trust is named as beneficiary, the name of the trust, trustee, and date the trust was formed must be included on the form. At the time a claim is filed, ING Employee Benefits will request a copy of the trust and a statement from the trustee indicating the trust is in effect and the trustee is willing to act as trustee. If the named trustee isn't willing to act as the trustee, then the trust can't be the named beneficiary.

- Charity
If a charity or other organization is named as beneficiary, the city and state of charity or organization must be included.

Before naming an organization as beneficiary, it should be verified as a recognized legal entity (refer to paragraph, Beneficiary Designations Not Allowed).

Beneficiaries cont.

- **Irrevocable** An irrevocable beneficiary is one whose interest in the policy cannot be changed or reduced without his/her consent. The wording of the beneficiary designation must stipulate 'irrevocable'. If an irrevocable beneficiary has been named at the time the insured enrolls in the life plan, both the insured and irrevocable beneficiary must sign the enrollment form. To change the beneficiary will require both signatures.

- **Contingent** A contingent (secondary) beneficiary is the person designated to receive life insurance policy proceeds if the primary beneficiary should die before the insured dies. Contingent beneficiaries may be listed on a separate piece of paper. The insured should list his/her full name, date of birth, social security number and group plan number, designate the contingent beneficiary, date and sign the paper, and attach it to the enrollment form.

Spousal/Same Sex Domestic Partner Consent

ING Employee Benefits does not require spousal/same sex domestic partner consent for a beneficiary designation. This includes Enrollment forms and Change of Beneficiary forms for all states.

If the insured resides in a community property state and changes the beneficiary from the spouse to another person or entity, then it is suggested in these situations that spousal consent be obtained. However, ING Employee Benefits will not refuse a beneficiary designation that doesn't show spousal consent.

The community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

Change of Beneficiary

If an insured wants to change his/her beneficiary(ies), follow these steps:

1. The insured completes a Request for Change of Beneficiary form #114834. The form must be completed, dated and signed. For each individual named as a beneficiary, the following information should be included: full name, date of birth, Social Security Number, relationship to insured, address, and phone number.

Note: Refer to the backside of the Request for Change of Beneficiary form for suggested beneficiary designation examples.
2. The employer should process the form as follows:
 - a) Verify that the form has been completed properly.
 - b) Verify the beneficiary is a standard designation (**refer to paragraph titled Non-Standard Designations**).
3. **The employer should attach the original beneficiary form to the employee's enrollment form and provide the insured with a photocopy.**

Beneficiaries cont.


Non-Standard Designations

The Request for Change of Beneficiary form **must** be sent to ING Employee Benefits Life Claims for approval in the following situations:

- The wording used in the request differs from the examples given on the reverse side of the Request for Change of Beneficiary form.
- The certificate has been assigned. *See Assignment section on page 24.*
- The previous beneficiary is irrevocable. An irrevocable beneficiary would typically be used when a divorce occurs where a life insurance benefit is awarded as part of the divorce decree. An irrevocable beneficiary could be changed if the beneficiary dies, at which time we would request proof of death, or if the irrevocable beneficiary agrees to the change.
- The employee is on Waiver of Premium claim.

Submitting a Request for Change of Beneficiary form for Approval (for Non-Standard Designations)

1. Give the insured a Request for Change of Beneficiary form #114834. Request that the form be completed, dated and signed.
2. Send the form to ING Employee Benefits Life Claims for the registrar's signature.
3. Send copies of all enrollment forms, change forms, signed letters, previous absolute assignments, and beneficiary changes related to the policy.
4. **Send all required documents to:**

 ING Employee Benefits
Life Claims
PO Box 1548
Minneapolis, MN 55440

5. When approved, the form will be returned to the employer. The employer should attach the original beneficiary form to the employee's enrollment form and provide the insured with a photocopy.

Exception: If coverage is assigned, the assignee receives the original.

If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.

Assignment

An assignment is the legal transfer of all of one person's interest in a life insurance policy to another person. The original policyowner transfers (assigns) his or her right to any benefits from a policy to another person (the assignee).

Absolute assignments, which transfer ownership of a life insurance policy, are the only type of assignment allowed for group life policies.

Collateral assignments, which are used to secure a loan, are not allowed.


IMPORTANT

- Once an assignment has been made, only the assignee can make beneficiary changes, assignments or apply for conversion. Both the insured and assignee must sign any re-enrollment forms.
- If the assignee dies before the insured, please contact ING Employee Benefits Life Claims for instructions. Refer to Quick Plan Reference section of this manual.
- The assignment does not change or revoke the beneficiary currently in effect. The assignee may change the beneficiary by completing a Request for Change of Beneficiary form. If an irrevocable beneficiary is named, both the assignee and beneficiary must sign the Request for Change of Beneficiary form.
- The assignment cannot be released, but a new assignment can be made by the current assignee.
- Assignments will be accepted only as provided in the group policy.

Assignment cont.

How to process an Absolute Assignment

Follow these steps when processing the Absolute Assignment of Group Life Insurance form #114865:

1. Have the Absolute Assignment form completed, dated and signed by the insured and the assignee.
2. Mail the Absolute Assignment form to ING Employee Benefits Life Claims for approval. Include copies of all enrollment forms, change forms, signed letters, previous absolute assignments and beneficiary changes related to the policy.
3. **Send all required documents to:**
 ING Employee Benefits
Life Claims
PO Box 1548
Minneapolis, MN 55440
4. When approved, ING Employee Benefits Life Claims will return the approved Absolute Assignment form to the employer. **The employer should make a photocopy for their records and forward the original Absolute Assignment form to the assignee.**

Important: In the event of filing a claim, a copy of the Absolute Assignment form must be submitted to ING Employee Benefits Life Claims.

If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.

Life Conversions

Our group life policies contain a conversion privilege which permits covered employees, covered spouses and eligible dependents to convert his/her life coverage to an individual policy. The conversion must be applied for within 31 days after the employee has terminated (or within 60 days for persons retiring and their dependents). A conversion is made without evidence of insurability.

Please refer to the Conversion of Your PEBB Group Life Policy form HCA 50-540 and the Certificate of Coverage (booklet) for further details about the conversion privilege.

Some states have laws that require employers to notify previously covered participants of their conversion rights. The Certificate of Coverage provides information on life conversion. This form, Conversion of Your PEBB Group Life Policy, HCA 50-540 is currently a part of the COBRA continuation packet or is available upon request.

Note: If the employee or his/her insured dependents have been insured for less than five years on the date of discontinuance of the Group Policy, the employee or insured dependent will not be entitled to an individual policy of Life Insurance under the Conversion of Life Insurance provision.

Follow this procedure to process a life conversion:

1. Give the form, Conversion of Your PEBB Group Life Policy, HCA 50-540 to the employee or eligible dependent upon loss of coverage.
2. The previously covered participant is responsible for completing the form, HCA 50-540, and mailing it to ING Employee Benefits at the address indicated on the bottom of the form. The form must be received by ING Employee Benefits within 31 days after termination of group coverage or within 60 days for persons who are retiring and their dependents.

ING Employee Benefits will send the appropriate information and application directly to the insured or eligible dependent. From this point on, the insured will deal directly with ING Employee Benefits.

If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.

Claims

ING Employee Benefits strives for the prompt payment of all insurance benefits. To assist us in the timely processing of claim payments, we greatly appreciate your cooperation in making sure all claim forms are completed properly before mailing to ING Employee Benefits. Incomplete and unsigned forms will delay processing.

Payments are mailed directly to the beneficiary, insured, or legal representative with an Explanation of Benefits. The employer will receive a copy of the Explanation of Benefits showing the date and amount of payment.

If you have questions, call the Customer Service Representatives at ING Employee Benefits (1-866-689-6990) listed in the Quick Plan Reference section of this manual.

ING Transition Account

If the total amount payable to a claimant is greater than \$5,000 an ING Transition Account will be issued for the insurance policy funds. It is a secure account that earns a competitive interest rate. The funds are accessed by using checks from a checkbook provided to the claimant.

A **draft**, rather than the Transition Account, is issued under the following circumstances:

- If the proceeds are less than \$5000
- If the beneficiary resides in a foreign country
- If the claim is for dismemberment

Claim Forms

Because some states require specific wording on claim forms, the appropriate claim forms must be used. Please refer to the **Ordering Supplies** section to select the correct claim form(s).

Claims cont.

Requirements to File a Death Claim

1. Complete the appropriate Death Claim form #115446. The Employer Certification section must be signed by an authorized agency representative.

Note: The date last worked and the status of the employee at the date of death are also needed to verify eligibility for benefits on dependent claims. The dependent claim section should be completed only in the case of the death of a dependent.

- 2a. If the beneficiary will receive less than \$5,000, give the beneficiary a copy of the Benefit Settlement Options list along with the Death Claim form. Each beneficiary must receive this list.
- 2b. If the beneficiary will receive \$5,000 or more, give the beneficiary a Settlement Options Brochure along with the Death Claim form. Each beneficiary must receive a brochure.
3. If the claim is for \$5,000 or more, the beneficiary **must** complete, date, and sign the Statement of Beneficiary section of the Death Claim form. **Each beneficiary must complete a statement.** Additional statements are on the reverse side of the Death Claim form. If there are multiple beneficiaries, make a photocopy of both sides of the Death Claim form to send to each beneficiary for his/her signature. If there is no beneficiary designation, refer to the Life Insurance Certificate of Coverage, Question #7, "Who is my Beneficiary?" Each enrollment form or Request for Change of Beneficiary form supercedes the previous enrollment form or Request for Change of Beneficiary form, so the named beneficiary is the person(s) that is listed on the most recent form.
4. Obtain an original certified copy of the official Certificate of Death issued by the Bureau of Vital Statistics.
5. Submit copies of **all** enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes related to the insured's coverage.
6. If newspaper clippings of the death are available, please send them with the required forms. A clipping can often speed claim payment since it may adequately answer questions that would otherwise require correspondence.
7. If a trust is named as the beneficiary, ING Employee Benefits requires a copy of the trust agreement and a letter from the trustee stating the trust is still in effect and the trustee is willing to act as trustee.
8. If the beneficiary is a minor, a certified copy of the Letters of Guardianship for the minor's estate may be required under some circumstances. Payment is made to the legal guardian. If this situation arises, contact ING Employee Benefits Life Claims. Please refer to the Life Insurance Certificate of Coverage, Beneficiary Section.

Claims cont.

9. Send all required documents to:



ING Employee Benefits
Life Claims
P O Box 1548
Minneapolis MN 55440

This includes:

Death Claim Form #115446

A copy of all Life Insurance Enrollment/Change Forms

A copy of all Request for Change of Beneficiary Forms

A copy of all Nonsmoker Certification forms

A copy of any Absolute Assignment

An original Certificate of Death

Any newspaper clippings regarding the death, if available

A copy of the trust agreement and a letter from the trustee, if applicable

A certified copy of the Letters of Guardianship for the minor's estate, if applicable

Claims cont.

Requirements to File Accelerated Benefit Claim

Note: The accelerated benefit may be payable if an insured has a terminal condition and a life expectancy of no more than one year (12 months). Refer to your Life Insurance certificate for complete details.

1. Verify eligibility: the insured must have at least \$10,000 of term life coverage. **The applicant must request this benefit in writing.**
2. Complete the Employer's Statement section of the Accelerated Benefit Claim form #121583. The Employer Certification section must be signed by an authorized agency representative.
3. Give the Accelerated Benefit Claim form #121583, the Disclosure Statement #47404(WA12), the Authorization for Release of Health-Related Information form #127182, and the Consumer Privacy Notice #116249 to the insured. Have the insured complete and sign the Insured's Statement section of the Accelerated Benefit Claim form and the Authorization for Release of Health-Related Information form. Also give the insured an Attending Physician's Statement of Terminal Condition form #121489. This form must be completed and signed by the insured's attending physician. Give the insured two ING Employee Benefits return envelopes, so the insured can send the Accelerated Benefit Claim form #121583 and the Authorization for Release of Health-Related Information form #127182 directly to ING Employee Benefits, and the attending physician will send the Attending Physician's Statement of Terminal Condition form #121489 directly to ING Employee Benefits.
4. If there is an irrevocable beneficiary or assignee on the policy, or if the insured resides in a community property state, the appropriate releases on the back of the claim form must also be completed and signed.
5. Submit copies of **all** enrollment forms, change forms, signed letters, absolute assignments and beneficiary changes related to the insured's coverage with a photocopy of the Accelerated Benefit Claim form #121583. Send all required documents to:



ING Employee Benefits
Life Claims
P O Box 1548
Minneapolis MN 55440

This includes:

- A copy of the Accelerated Benefit Claim form #121583
- A copy of all Life Insurance Enrollment/Change Forms
- A copy of all signed letters regarding the insured's life insurance coverage
- A copy of all beneficiary changes
- A copy of all Nonsmoker Certification forms

Claims cont.

Requirements to File an Accidental Dismemberment Benefit Claim

Note: The dismemberment benefit may be payable to an insured who suffers a covered loss as the result of an accidental injury. For a complete listing of the conditions that constitute dismemberment, see the Life Insurance certificate.

1. Verify the insured has the AD&D benefit on his/her coverage and request any accident reports that are available.
2. Complete the Employer's Statement section of the Accidental Dismemberment Claim form #116486. The Employer Certification section must be signed by an authorized company representative.
3. Give the Accidental Dismemberment Claim form #116486, the Authorization for Release of Health-Related Information form #127182, and the Consumer Privacy Notice #116249 to the insured. Have the insured complete and sign the Insured's Statement section of the Accidental Dismemberment Claim form and the Authorization for Release of Health-Related Information form. Give the applicant an ING Employee Benefits return envelope.
4. Also give the insured an Attending Physician's Statement of Dismemberment form #116150. This form must be completed and signed by the insured's attending physician. Give the applicant an ING Employee Benefits return envelope so the physician can return the form directly to ING Employee Benefits.
5. Submit copies of any accident reports or newspaper clippings that are available. However, do not delay submitting the claim if this information is not available.
6. Submit copies of all enrollment forms, change forms, signed letters, and absolute assignments related to the insured's coverage. Send all required documents to:



ING Employee Benefits
Life Claims
P O Box 1548
Minneapolis MN 55440

This includes:

A copy of the Accidental Dismemberment Claim form #116486
A copy of all Life Insurance Enrollment/Change Forms
A copy of all Request for Change of Beneficiary Forms
A copy of all Nonsmoker Certification forms
A copy of any Absolute Assignment related to the insured's coverage
A copy of any signed letters relating to the insured's life insurance coverage
A copy of any accident report or newspaper clippings that are available regarding the accident

Claims cont.

Requirements to File a Waiver of Premium Claim

Note: The waiver of premium benefit allows the insured's life insurance to be continued without payment of premium while the insured is totally disabled. Refer to the Life Insurance Certificate for further information and specific requirements about the disability waiver of premium benefit.

1. Verify eligibility: This plan requires that the insured must be disabled prior to age 60 and the disability must continue at least six months. Total, but not permanent, disability is required to qualify for this benefit.
2. Complete the Employer's Statement section of the Waiver of Premium Disability Claim form #115591. The Employer Certification section must be signed by an authorized agency representative. Make a copy of the Waiver of Premium Disability Claim form #115591 to send to ING Employee Benefits. Send the original form to the employee to complete. Give the applicant an ING Employee Benefits return envelope.
3. Give the Waiver of Premium Disability Claim form #115591, the Authorization for Release of Health-Related Information form #127182, and the Consumer Privacy Notice #116249 to the insured. Have the insured complete and sign the Insured's Statement section of the Waiver of Premium Disability claim form and the Authorization for Release of Health-Related Information form. Waiver of Life Insurance Premium claim packets may be requested from the HCA Warehouse via the fax order form or ordered on-line at:
www.perspay.hca.wa.gov.

These forms are included in the Waiver of Life Insurance Premium claim packet.

4. Also give the insured an Attending Physician's Statement of Disability form #115754. This form must be completed and signed by the insured's attending physician. This form is included in the Waiver of Life Insurance Premium claim packets. Give the applicant an ING Employee Benefits return envelope.
5. Submit copies of **all** enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes related to the insured's coverage. Send all required documents to:



ING Employee Benefits
Life Claims
P O Box 1548
Minneapolis MN 55440

This includes:

A copy of the Waiver of Premium Disability Claim form #115591
A copy of **all** Life Insurance Enrollment/Change Forms
A copy of all Request for Change of Beneficiary Forms
A copy of all Nonsmoker Certification forms
A copy of any Absolute Assignment
A copy of any signed letter relating to the insured's life insurance coverage

Claims cont.

ING Employee Benefits will notify you in writing of the approved effective date for the claim. HCA will key the approved waiver on the Life Coverage screen for state agencies and employer groups, if the coverage has not been terminated and notify you of any necessary premium adjustments. If you receive notification of the insurance company's decision on the Waiver of Life Insurance Premium claim and HCA hasn't keyed it within two weeks of the date you receive the insurance company's decision, please notify the HCA. Higher Education institutions must take their own steps to stop premium deductions on their payroll system, with the exception of The Evergreen State College.

Termination of Coverage

Refer to the Life Insurance Certificate for information about when the employee and dependent coverage ends. If the insured's Waiver of Life Insurance Premium claim is approved, you need to terminate the insured's Part E coverage, if any, on the Life Coverage screen effective the last day of the month in which the insurance company approved the Waiver of Life Insurance Premium Claim. **If the employee or his/her insured dependents dies within the 31/60 day period (that is available to them for life conversion), the insurance company will pay, whether or not the insured or insured dependent made application for an individual policy, the maximum amount of life insurance for which an individual policy could have been issued.**

Glossary

Amendment	<p>This is a request from ING Employee Benefits' Special Underwriting Department for additional information to be answered by the individual. An amendment is not a request for medical records and should not be completed by the individual's physician.</p> <p><i>NOTE: This definition of an "amendment" is different than the definition of an "amendment" for a group contract.</i></p>
Approved	<p>Individual has been underwritten by Special Underwriting; coverage can become effective, payroll deductions begun, and certificate may be distributed.</p>
Assignee	<p>The person to whom the rights or interest of a policy are transferred.</p>
Assignment	<p>The legal transfer of all of one person's interest in a policy to another person.</p>
Assignor	<p>The person who transfers the legal rights of his or her coverage.</p>
Beneficiary	<p>The person to whom the proceeds of a life insurance policy are payable at the death of the insured.</p>
Blood Profile	<p>Individual's blood is drawn by a qualified technician and sent to a designated laboratory to be analyzed for blood chemistries regarding diabetes, kidney and liver, hyperlipidemia and HIV.</p>
Certificate	<p>The certificate that the insurance company prepares for individuals insured under a master policy.</p>
Change of Action	<p>The underwriting department indicates this on the final action notice (FAN) if there is a change or revision made to the original approval of an applicant's coverage - i.e., amount of coverage applied for is adjusted or a file is re-opened when requirements have been received after the file was initially closed.</p>
Claim	<p>A demand presented, usually by the beneficiary, for payment of a life insurance benefit.</p>
Claim Form	<p>A claim form is submitted to the Claim Department after coverage is effective (not to be confused with the EOI Form) to collect benefits when a covered loss occurs.</p>
Closed-Out	<p>The underwriting process is stopped and coverage does not become effective. Common reasons for a Special Underwriting file to be closed out:</p> <ol style="list-style-type: none">1. Underwriting requirements for an individual have not been received by Special Underwriting; coverage is not effective.2. Request for coverage is withdrawn; the employee terminated; the plan canceled - coverage is not effective.3. Individual did not need to be underwritten; EOI was submitted in error - coverage is already effective.

Glossary cont.

Conversion	The exchange of a term life insurance contract for a whole life or endowment contract in accordance with the terms of the policy provisions granting that right.
Declined	Individual has been underwritten by Special Underwriting and coverage not approved; coverage is not effective.
Effective Date	The date the insured is actually covered under the insurance contract; the date following the insured's eligibility period, or the date of approval by Special Underwriting, unless indicated otherwise in the contract.
EKG	This is a request for a resting electrocardiogram (not an exercise or stress test).
Evidence of Insurability (EOI)	This is the Evidence of Insurability Form submitted to Special Underwriting to provide proof of good health (not to be confused with a claim form or an enrollment form).
ERISA	Employee Retirement Income Security Act (1974) - Federal legislation establishing a comprehensive set of laws pertaining to employee benefit plans.
Examination	Individual must have a physical exam to obtain coverage. This "insurance physical" is done by a designated paramedical company and is done at the insurance company's expense.
FAN	Final Action Notice. Sent out by ING Employee Benefits' Special Underwriting Department to indicate status of an application for coverage: approved, declined, or closed.
Guaranteed Issue	Coverage issued without the applicant answering health related questions or undergoing a physical exam. Not available on all plans.
Medical Records	This is a request for the individual's medical records from his/her medical provider. An advance notice is sent to the individual. However, the individual does not need to do anything regarding this request for records. A designated company will obtain these medical records for Special Underwriting at the insurance company's expense.
Proceeds	The amount of money payable under a policy at the death of an insured.
Rider	A special policy provision which may be added to a policy to expand or limit the benefits otherwise payable.
SPD	Summary Plan Description - A small booklet with brief information about the plan and its administration. The group's employees received the SPD with other plan materials.

Glossary cont.

Specimen	This is a request for a urine specimen, which must be sent to a designated laboratory for analysis. A special specimen kit must be used for this urinalysis, and the analysis is done at the insurance company's expense.
Term Insurance	Life insurance under which the benefit is payable only if the insured dies during a specified period of time or term, nothing being payable if insured survives to the end of the term.
Waiting Period	The period of time that controls the date that waiver of premium benefits begin after the insured is disabled.